

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

APPLICANT(S)

FILING DATE

7-20-00 2-28-00 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1		
2			1			
3			1			
4			1		1	
5						1
6						
7						
8						1
9						1
10						1
11						1
12			1		1	
13					1	1
14					2	1
15					1	1
16			1		1	
17					1	1
18					1	1
19					3	3
20			1		1	
21					1	1
22					2	2
23						
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48						
49						
50		1				
TOTAL IND.			4		4	
TOTAL DEP.			31		16	
TOTAL CLAIMS			25		20	

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			